

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90021 050 \*\*\*158.75

**DOCUMENT # P98000015571**

1. Corporation Name

**SCOWDEN ENTERPRISES, INC.**



Principal Place of Business  
**3898 CREEK BED CIRCLE  
ST. CLOUD FL 34769**

Mailing Address  
**3898 CREEK BED CIRCLE  
ST. CLOUD FL 34769**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/17/1998**

2. Principal Place of Business

**4103 Neptune Road**

2a. Mailing Address

**4103 Neptune Road**

4. FEI Number

**59-3510243**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

8. This corporation owes the current year  
Intangible Personal Property.



Yes ☒ No

City & State

**St. Cloud, FL**

City & State

**St. Cloud, FL**

Zip

**34769**

Country

**USA**

Zip

**34769**

Country

**USA**

9. Name and Address of Current Registered Agent

**SCOWDEN, JEFFREY S  
3898 CREEK BED CIRCLE  
ST. CLOUD FL 34769**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

1. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

|                    |                                 |
|--------------------|---------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> DELETE |
| 1.2 NAME           |                                 |
| 1.3 STREET ADDRESS |                                 |
| 1.4 CITY-ST-ZIP    |                                 |
| 2.1 TITLE          | <input type="checkbox"/> DELETE |
| 2.2 NAME           |                                 |
| 2.3 STREET ADDRESS |                                 |
| 2.4 CITY-ST-ZIP    |                                 |
| 3.1 TITLE          | <input type="checkbox"/> DELETE |
| 3.2 NAME           |                                 |
| 3.3 STREET ADDRESS |                                 |
| 3.4 CITY-ST-ZIP    |                                 |
| 4.1 TITLE          | <input type="checkbox"/> DELETE |
| 4.2 NAME           |                                 |
| 4.3 STREET ADDRESS |                                 |
| 4.4 CITY-ST-ZIP    |                                 |
| 5.1 TITLE          | <input type="checkbox"/> DELETE |
| 5.2 NAME           |                                 |
| 5.3 STREET ADDRESS |                                 |
| 5.4 CITY-ST-ZIP    |                                 |
| 6.1 TITLE          | <input type="checkbox"/> DELETE |
| 6.2 NAME           |                                 |
| 6.3 STREET ADDRESS |                                 |
| 6.4 CITY-ST-ZIP    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>P/D Jeffery S. Scowden</b>  |
| 1.3 STREET ADDRESS | <b>3898 Creek Bed Circle</b>   |
| 1.4 CITY-ST-ZIP    | <b>St. Cloud, FL 34769</b>   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>V/T/S/D Tom L. Scowden</b>  |
| 2.3 STREET ADDRESS | <b>2151 Hickory Wood Court</b>   |
| 2.4 CITY-ST-ZIP    | <b>St. Cloud, FL</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Jeffery S. Scowden** 07-02-99 407-891-7333

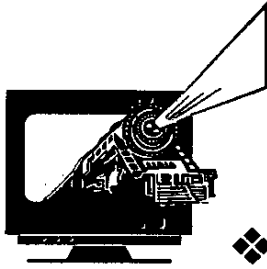
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0108795



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585574-90021-50  
P98000015571

Dear Sir or Madam:

I am writing to notify you, as instructed by your office, that I failed to receive a 1999 Profit Corporation Annual Report Packet by the filing due date. After realizing this I called to obtain this packet and file. At the time I called in I was instructed to send the normal corporate filing fee of \$150.00 with this letter of explanation as to its tardiness. In addition while waiting on the requested packet I received a 2<sup>nd</sup> Notice. I am now using this packet to file. Thank you for your help.

Sincerely



Jeffery Scowden